

**Confidential proctoring for Provisional Appointment**

#1( ) 2( ) 3( ) 4( ) 5( ) 6( )

*PLEASE FILL IN EACH BLANK. THE FORM MUST BE COMPLETED IN IT'S ENTIRETY*

*Provisional Physician* \_\_\_\_\_ *Provisional Period* \_\_\_\_\_

*Proctoring Physician* \_\_\_\_\_ *Date of Proctoring* \_\_\_\_\_

*Primary Diagnosis* \_\_\_\_\_

*Secondary Diagnosis* \_\_\_\_\_

*Procedure(s)* \_\_\_\_\_

*Complications:* None \_\_\_\_\_ Yes \_\_\_\_\_ *Identify* \_\_\_\_\_

*Answer all of the following:*

	<i>YES</i>	<i>NO</i>	<i>N/A</i>
1. Was there adequate evidence to support admission?	_____	_____	_____
2. Was the history appropriate?	_____	_____	_____
3. Was the physical examination appropriate?	_____	_____	_____
4. Were the progress notes reflective of patient's course?	_____	_____	_____
5. Was the use of laboratory appropriate?	_____	_____	_____
6. Was the use of radiology appropriate?	_____	_____	_____
7. Was the use of drugs appropriate?	_____	_____	_____
8. Were invasive procedures justified?	_____	_____	_____
9. Were appropriate consents obtained for the procedures?	_____	_____	_____
10. Was an informed consent noted in the progress notes?	_____	_____	_____
11. Was the use of blood products appropriate?	_____	_____	_____
12. Was the use of ancillary services appropriate?	_____	_____	_____
13. Was the length of stay appropriate?	_____	_____	_____
14. Was there evidence of adequate patient education?	_____	_____	_____
15. Were complications of procedures identified?	_____	_____	_____
16. Were complications managed appropriately?	_____	_____	_____

Please explain any **(NO)** answer (use back if necessary)

\_\_\_\_\_

<b>Evaluation Element</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unknown</b>
A. Patient Care and Clinical Judgment					
B. Medical Knowledge					
C. Practice-based Learning and Teaching Skills					
D. Interpersonal and Communication Skills					
E. Professionalism					
F. Systems-base Practice / Use of resources					

\_\_\_\_\_  
*Proctoring Physician's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chairpersons Signature*

\_\_\_\_\_  
*Date*